POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			1/1
O.I.P.E. CLASSIFIER		16	2110
FORMALITY REVIEW	95	573	62-27-01
RESPONSE FORMALITY REVIEW			

## **INDEX OF CLAIMS**

~	Rejected	Ν	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

÷	Restricted	0	Objected	
Claim Date	Claim	Date	Claim	Date
	Final		Final Original	
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13 1/1/1	53		103	
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(5)	55		105	
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13 70 7	63		113	
B 14 V	64		114	
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49	99		149	<del>                                     </del>
50	100		150	

If more than: 150 claims or 10 actions staple additional sheet here